

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		8				
10		8				
11		7				
12		7				
13		7				
14	1	8				
15		1				
16		1				
17		1				
18		4				
19		4				
20		4				
21		4				
22		4				
23		3				
24	1					
25		1				
26		1				
27		1				
28		4				
29	1					
30		1				
31		1				
32						
33						
34						
35						
36						
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	79					
TOTAL CLAIMS	83					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

3  
24  
15  
16  
21  
  
14  
16  
27